

despite prolonged therapy with drugs shown to be active in vitro [8]. We observed no recurrence of clinical symptoms on the discontinuation of therapy with ceftriaxone and gentamicin.

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Accepted 4 February 1998

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## Symptomatic occupational transmission of hepatitis C virus (HCV)

*Clin Microbiol Infect* 1998; 4: 354

Previous reports suggest that there is a low risk of occupational transmission of hepatitis C virus (HCV)

among healthcare workers [1], but it has been shown to occur [2]. We present our experience of following up needlestick accidents involving biological fluids from patients who were HCV-antibody positive. Since 1990, 87 such episodes have been reported to the Preventive Medicine Unit of this hospital. These involved 14 physicians (16%), 46 nurses (53%) and 27 ancillary personnel (31%). Thirty-nine of these patients were also HIV-antibody positive, and a further one was both anti-HIV and HBsAg positive. Antibodies to HIV and HCV and HBsAg were detected with commercial tests (years 1990–93, Abbott; years 1994–96, Boehringer Mannheim).

Serum samples were taken from each staff member at 0 (100%), 3 (100%), 6 (94%) and 12 (77%) months after the episode. Two were already anti-HCV positive at the time of the accident. One nurse, involved in an accident with a patient positive only for anti-HCV, developed acute clinical hepatitis (ALT 2750 IU) 6 weeks later, with seroconversion by ELISA and Western blot (core+NS3, Murex Diagnostics). HCV RNA was also detected in both patient and nurse. The accident consisted of a double needlestick injury to the fourth finger of the right hand. The nurse was enrolled in an acute HCV interferon treatment protocol at a reference hospital and the infection was cleared. There was no seroconversion to either HBV or HIV in any of the staff members involved.

Our study confirms a low rate of occupational transmission of HCV (1.15%, 95% CI: 0.06–7.13%) but we report another documented symptomatic case and, in the absence of specific preventative measures, we reiterate the need for universal precautions.

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Accepted 4 February 1998

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